

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/806301
APPLICANT(S)

FILED DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
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TOTAL IND.	7		14			
TOTAL DER.						
TOTAL CLAIMS	14		15			

	* IND.		* DER.		* IND.	
	IND.	DER.	IND.	DER.	IND.	DER.
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100						
TOTAL IND.						
TOTAL DER.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 303-3631